

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019786

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 3

FILED JUN 4 1962

1. PLACE OF DEATH a. COUNTY <u>Remond</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Remond</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Steele</u>		c. CITY OR TOWN <u>Steele</u>	
Length of stay in 1b <u>15th</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>213 1st St</u>		d. STREET ADDRESS (If outside, give location) <u>213 1st St</u>	
3. NAME OF DECEASED (Type or print) First <u>Acac</u> Middle <u>Nous</u> Last <u>Stewart</u>		4. DATE OF DEATH Month <u>5</u> Day <u>28</u> Year <u>62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-28-14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Police</u>	11. BIRTHPLACE (City, and state or country) <u>Cardwell Mo</u>
13a. FATHER'S NAME <u>Edgar Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Shula Farmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Mr. Ama Lee Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Ama Lee</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown - this man found dead</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>in bathroom of his home</u> DUE TO (b) <u>Investigation in process of coroner's office</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		12. CITIZEN OF WHAT COUNTRY <u>USA</u> INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11 A</u> Month, Day, Year <u>5-28-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cardwell Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Cardwell Mo</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5-28-62</u>	
22a. SIGNATURE <u>Jimmy Osburn</u>		22b. ADDRESS <u>Wardell Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-30-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cor.</u>		23d. LOCATION (City, town, or county) <u>Cardwell Mo</u>	
24. FUNERAL DIRECTOR <u>Berman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-62</u>	
26. REGISTRAR'S SIGNATURE <u>Esther Callum</u>		27. BY AFFIDAVIT OF <u>per Othelia Bates</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jim F. McClure

Licensed Embalmer No. 6704

P. O. Address St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.